

JUL. 6. 2005 11:32AM

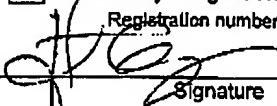
CBL&H' 202 293 6229

RECEIVED
CENTRAL FAX CENTER NO. 6098 P. 4/17

JUL 06 2005

PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCEUnder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 20435-00145-US1
Application Number	10/712,044-Conf. #9023	Filed November 14, 2003
For DUAL CURE REACTION PRODUCTS OF SELF-PHOTONITIATING MULTIFUNCTION ACRYLATES WITH CYCLOALIPHATIC EPOXY COMPOUNDS		
Art Unit	1712	Examiner R. E. Sellers
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		Fee \$120 \$60 \$ 120.00 \$450 \$225 \$ _____ \$1020 \$510 \$ _____ \$1590 \$795 \$ _____ \$2160 \$1080 \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0185</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>44,100</u>  _____ John A. Evans _____ Typed or printed name _____ Date <u>July 6, 2005</u> _____ (202) 331-7111 Telephone Number _____		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below. <input type="checkbox"/> Total of <u>1</u> forms are submitted.		

07/08/2005 SMINASS1 00000004 220185 10712044
01 FC:1252 450.00 DAVoid date: 07/08/2005 SMINASS1
07/08/2005 SMINASS1-00000004-220185 10712044
01 FC:1252 450.00 CR

PAGE 4/17 * RCVD AT 7/6/2005 11:23:54 AM [Eastern Daylight Time] * SVR:USPTO-EXRF-1/0 * DNIS:8729306 * CSID:202 293 6229 * DURATION (mm:ss):04-02

1
07/08/2005 SMINASS1 000000037 220185 10712044
01 FC:1251 1020.00 DA